

<b>CONSTRUCTION/RECEIPT OF TRAINING AIDS</b>				ORDER FORM NUMBER	
<b>FROM:</b> <b>NCIS REGIONAL FORENSIC LABORATORY</b> <b>9079 HAMPTON BLVD STE 110</b> <b>NORFOLK VA 23505-1908</b>			<b>TO:</b>		
TYPE OF SUBSTANCE <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> COCAINE</span> <span><input type="checkbox"/> HASHISH</span> <span><input type="checkbox"/> HEROIN</span> <span><input type="checkbox"/> MARIJUANA</span> <span><input type="checkbox"/> METHAMPHETAMINE</span> </div>					
GRAM SIZE	CONTROL NUMBER	GROSS WEIGHT	GRAM SIZE	CONTROL NUMBER	GROSS WEIGHT
PACKAGED BY		SIGNATURE		DATE	
REMARKS					
<b>ACKNOWLEDGEMENT OF RECEIPT</b>					
PRINTED NAME AND GRADE OR RATE		SIGNATURE		DATE RECEIVED	
COMPLETE NAME AND ADDRESS				TELEPHONE (DSN & COMM.)	